



State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

RECEIVED

JUN 20 2006

Washington State
Department of Ecology

For Ecology Use

Fee Paid \$50.00

Date 6/20/06

SWRO

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM

Name PLACE 18 HOMEOWNERS ASSOCIATION WATER SYSTEM Home Tel: (206) 892-2253
Mailing Address 1805 NE EAGLE HARBOR LANE Work Tel: (206) 999-3539
City BAINBRIDGE IS. State WA Zip+4 98110 + FAX: () N/A

Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION

☒ Same as above

Name JACK MACARTHUR Home Tel: () -
Mailing Address _____ Work Tel: () -
City _____ State _____ Zip+4 _____ + FAX: () -
Relationship to applicant BOARD MEMBER

Section 3. STATEMENT OF INTENT

The applicant requests a permit to use not more than 30 GPM ☒ gallons per minute or
☐ cubic feet per second) from a ☐ surface water source or ☐ ground water source (check only one) for the purpose(s)
of DOMESTIC & LAWN IRRIGATION. ATTACH A "LEGAL"
DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not
sufficient.

Estimate a maximum annual quantity to be used in acre-feet per year: 9

☐ Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed:
From / / to / /

Section 4. WATER SOURCE

If SURFACE WATER	If GROUNDWATER
Name the water source and indicate if stream, spring, lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.:	A permit is desired for <u>1</u> well(s). <u>(EXISTING)</u>
Number of diversions: _____	
Source flows into (name of body of water):	Size & depth of well(s): <u>8" X 140 FEET</u>

LOCATION							
Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: SEE ATTACHED #4.							
1/4 of	1/4 of	Section	Township	Range(E/W)	County	If location of source is platted, complete below:	
						Lot	Block
SE	SW	27	25N	2E	KITSAP	SEE "LEGAL"	

For Ecology Use _____ Date Received: 6/20/2006 Priority Date: 6/20/2006
 SEPA: Exempt/Not Exempt _____ FERC License # _____ Dept. Of Health # _____
 Date Accepted As Complete 6/20/2006 By DK Date Returned _____ By _____ WRIA: 15

Section 5. GENERAL WATER SYSTEM INFORMATION

- A. Name of system, if named: PLACE 18 HOMEOWNERS ASSOCIATION WATER SYSTEM
- B. Briefly describe your ^{existing} ~~proposed~~ water system. (See instructions.) I.D. # 169646
- ATTACHED # 1

- C. Do you already have any water rights or claims associated with this property or system? ☐ YES ☒ NO
 PROVIDE DOCUMENTATION.

Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.)

- A. Number of "connections" ^{existing} requested: 18 Type of connection condominiums
 (Homes, Apartment, Recreational, etc.)
- B. Are you within the area of an approved water system? ☐ YES ☒ NO
 If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.

Complete C. and D. only if the proposed water system will have fifteen or more connections.

- C. Do you have a current water system plan approved by the Washington State Department of Health? ☒ YES ☐ NO
 If yes, when was it approved? 1982 Please attach the current approved version of your plan.
SEE ATTACHED #1

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.

We are returning your application for the following reason(s):	
_____ Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
_____ Section number(s) _____ is/are incomplete	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation: 	
Please provide the additional information requested above and return your application by _____ _____ (date).	

Ecology staff _____

Date _____

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

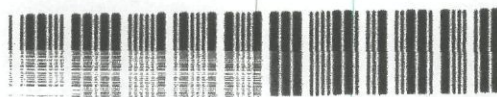
**PLACE EIGHTEEN ON EAGLE HARBOR CONDOMINIUM
EXHIBIT "A"
LEGAL DESCRIPTION OF LAND**

The land on which the Buildings and improvements provided for in this Declaration are located is the following described real property located in Kitsap County, State of Washington:

That portion of Government Lot 2, Section 27, Township 25 North, Range 2 East, W.M., and that portion of the northeast quarter of the northeast quarter of Section 34, Township 25 North, Range 2 East, W.M., more particularly described as follows:

Beginning at the North quarter corner of said Section 34; thence N 80°13'13" W, a distance of 71.20 feet, along the northerly limits of said Section 34 to the True Point of Beginning; thence N 16°00'22" E, a distance of 470 feet more or less, to the Line of Vegetation on the southerly shore of Eagle Harbor; thence southwesterly, along the Line of Vegetation, a distance of 1150 feet, more or less, to the thread of a certain creek flowing northerly into Eagle Harbor; thence southerly along said creek thread to a point on the North line of said Section 34, said point lying N 89°13'13" W, a distance of 886.81 feet, from the North quarter corner of said Section 34; thence N 89°13'13" W, a distance of 95 feet, more or less, along said North line, to the Easterly margin of a private roadway; thence southwesterly, along said Easterly margin, a distance of 75 feet, more or less, to the Northerly margin of Suicide Lane (now Eagle Harbor Drive, 60 feet wide, as shown on Kitsap County Road Plan, County Road Project No 1358, Relocation Bond Project No. 1); thence Easterly along said Northerly margin of Eagle Harbor Drive to a point bearing S 16°00'22" W from the True Point of Beginning; thence N 16°00'22" E, a distance of 228.99 feet, to the True Point of Beginning.

All Situate in Kitsap County, Washington.



200312110160

Page: 69 of 73

12/11/2003 02:56P

JAMES STRICHARTZ LAW OFFI AMDECL \$91.00 Kitsap Co, WA



[illegible]

If this water system serves 100 OR MORE single-family residences, please enter the total number of service connections on line 25, then skip to lines 29, 35 and 36.
If this water system serves LESS THAN 100 single-family residences, complete entire form.

	ACTIVE SERVICE CONNECTIONS	DOH USE ONLY! CALCULATED ACTIVE CONNECTIONS	DOH USE ONLY! APPROVED CONNECTIONS
25. SINGLE FAMILY RESIDENCES (How many of the following do you have?)			
A. Full Time Single Family Residences (Occupied 180 days or more per year)	16		
B. Part Time Single Family Residences (Occupied less than 180 days per year)	2		
26. MULTI-FAMILY RESIDENTIAL (How many of the following do you have?)			
A. Apartment Buildings, condos, duplexes, barracks, dorms	0		
B. Full Time Residential Units in Apartments, Condos, Duplexes, Dorms that are occupied more than 180 days/year	0		
C. Part Time Residential Units in Apartments, Condos, Duplexes, Dorms that are occupied less than 180 days/year	0		
27. NON-RESIDENTIAL CONNECTIONS (How many of the following do you have?)			
A. Recreational Services (Campsites, RV Sites, Spigots, etc.)	0		
B. Institutional, Commercial or Industrial Services	0		
28. TOTAL SERVICE CONNECTIONS	18		

A. How many residents are served by this system 180 or more days per year? **28**

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many part-time residents are present each month?	2	2	4	2	4	4	2	4	2	2	2	4
B. How many days per month are they present?	6	6	10	6	10	10	6	10	6	6	6	10

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. How many visitors, attendees, travelers, caregivers, patients or customers are present each month?	n/a											
B. How many days per month are they present?	n/a											

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
A. If you have schools, daycares, or businesses connected to your water system, how many students, daycare children and/or employees are present each month?	n/a											
B. How many days per month are they present?	n/a											

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
34. GROUP B NITRATE SCHEDULE	1	1	1	1	1	1	1	1	1	1		1
35. Reason for Submitting	<input checked="" type="checkbox"/> Update-Change <input type="checkbox"/> Update No Change <input type="checkbox"/> Inactivate <input type="checkbox"/> Re-Activate <input type="checkbox"/> Name change <input type="checkbox"/> New system <input type="checkbox"/> Other _____											

36. I certify that the information stated on this WFI form is correct to the best of my knowledge.

SIGNATURE: Jack MacArthur DATE: November 11, 2004

PRINT NAME: Jack MacArthur TITLE: President-BOD

STATE OF WASHINGTON
Public Water System

SEP 12 2005

Operating Permit

The Department of Health Office of Drinking Water issues a permit to operate

PLACE EIGHTEEN HOA (ID# 16964 6)

to owner: **PLACE EIGHTEEN HOMEOWNERS ASSOC** County: **KITSAP**

PLACE EIGHTEEN HOMEOWNERS ASSOC
490 MADISON AVE N STE 106
BAINBRIDGE ISLAND, WA 98110

This permit is valid through **Aug 2006**

PERMIT CATEGORY: Green

The permit is issued on the basis of information provided by the permittee and is subject to water system compliance with applicable State of Washington drinking water minimum requirements and the following statements:

The system compliance information provided by the permittee is based on information on the permit application and the permit was printed.

The system is continuously in compliance with applicable drinking water requirements.

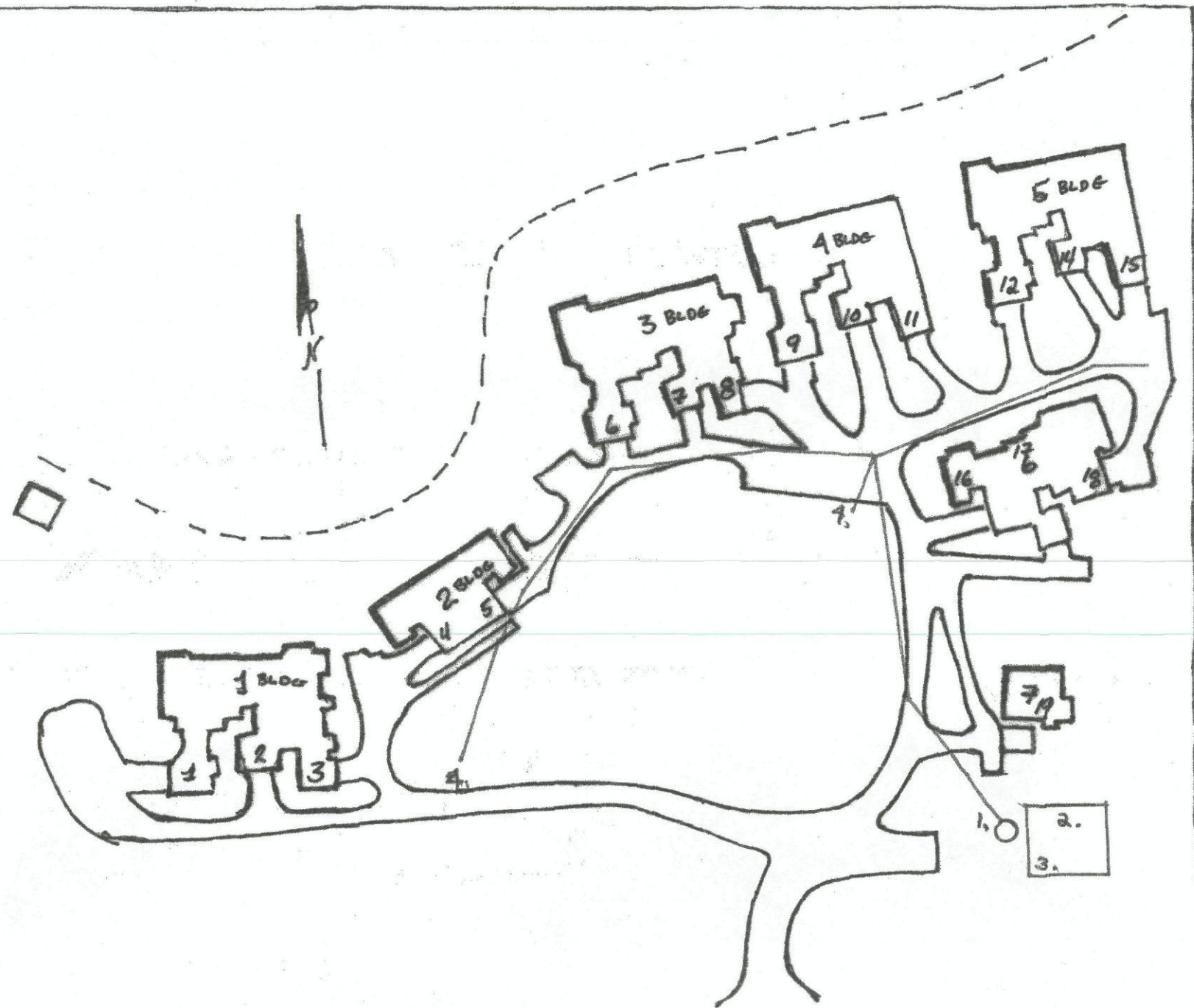


Element 8 – Service Area and Facility Map

The attached facility map is keyed to the following:

1. 30,000 gallon storage tank.
2. Pump house containing well head, pressure tank, three pumps and required piping, valves, etc.
 - Pressure Tank – 500 gallon hydro-pneumatic tank.
 - Booster Pumps – one 3 hp, one 5 hp and one 7 hp.
3. Well head
4. Hydrants (2)

Distribution is accomplished via a single main line serving the eighteen residential units and the irrigation system.



Element 15 – Component Inventory and Assessment

Component Inventory and Assessment form number 15 was requested from the Department of Health, Amy Cook, 800-521-0323 via two phone calls on November 4, 2004. Messages were left on both occasions. Upon receipt of the form from the Department of Health, it will be completed as requested.

System Component: Capacity, Age and Cost-		
Storage Tank	30,000 Gallons	1982
Pressure Tank	500 Gallons	
Booster Pump #1	3 Horsepower	
Booster Pump #2	5 Horsepower	
Booster Pump #3	7 Horsepower	
Well Head Pump	n/a	1991
Hydrant #1	n/a	1982
Hydrant #2	n/a	1982
Miscellaneous Pump House Items (See Attached)		
Main Water Line		1982
Subsidiary Water Lines		1982
Electrical Panel	n/a	

System components were first approved on June 14, 1982. Letters of approval from the Kitsap County Health Department dated August 26, 1988 and the Washington State Department of Health dated June 14, 1993 are also attached.

MATHEW C. MACLEARNSBERRY

CIVIL ENGINEER

208 MADRONE LANE NORTH
BAINBRIDGE ISLAND, WA 98110

RECEIVED Bremerton-Kitsap County JUN 15 '82
Health Department

Bremerton-Kitsap County Health Department
109 Austin Drive
Bremerton, Washington, 98310

June 14, 1982

Re: Engineering Certification of Water System and On-site Waste System, Place-
Eighteen Condominium.

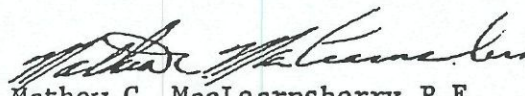
Attention: Harlis Portrey and Tom Wiggins.

Gentlemen:

This is to certify that we have examined the domestic water supply system and the on-site sewage disposal system at the Place-Eighteen Condominium on Eagle Harbor here on Bainbridge and that the systems were installed in accordance with the approved plans.

If you need further information or wish to discuss any aspects of either system do not hesitate to contact us.

Sincerely,


Mathew C. MacLearnsberry P.E.
MacLearnsberry, Inc.

BREMERTON-KITSAP COUNTY HEALTH DEPARTMENT

WILLA A. FISHER, M. D., M. P. H., DIRECTOR

Environmental Health
478-5285

109 Austin Drive
Bremerton, Washington 98312

Clinic Services
478-5246

Nursing Services
478-5262

Administration
478-5235

Westpark Clinic
76 Russell Road
478-5240

Mr. Scheffler, President Homeowners Association
18089 Eagle Harbor Lane
Bainbridge Island Wa 98110

8-26-88

Re: Place Eighteen Eagle Harbor

Dear Mr. Scheffler;

In response to your request we have the following comments regarding the On-Site Sewage system and water system serving the complex:

1. Water system:

The on site water supply consists of a drilled well and storage facility. The state Department of Social and Health Services regulations pertaining to public water supplies were used in review of the system.

<u>Item</u>	<u>DSHS Standards</u>	<u>Plans as submitted</u>
Well capacity	800 gal/connection/day	well capacity of 20 gpm $20\text{gpm} \times 1440 = 28800 \text{ gpd}$ $28800/800\text{g/connection}$ $= 36 \text{ connections}$
Storage Capacity	600 gallons/connection	$600 \times 18 = 10,800 \text{ gal.}$
Fire flow		Not required when built
Certification	Required	System certified June 14, 1982 by C. MacLearnsberry P.E

Note: Early in the development phase the water supply was interconnected with the plat of Harbor Crest supply operated by Mr. Sanderson. The intertie was later disconnected (apparently over a dispute) thus reducing the capacity of the system for fire flow protection with the added storage tank in Harbor Crest (the larger the storage tank the more fire fighting capacity). An on site artesian well located within the 100 foot radius of the proposed on-site sewage disposal drainfield was supposed to be abandoned. We assume the certification addressed this issue.

2. On-Site Sewage Disposal System:

The On-site Sewage Disposal System was certified June 14, 1982 by M.C. MacLearnsberry P.E that the system was installed in accordance with the approved plans.

Mr. Scheffler
August 26, 1988
Page 2

On-Site Sewage Disposal System: cont.

There was a concern that the road realignment was too deep undercutting the drainfield area which could led to effluent breaking out of the bank created by the road. McLearnberry indicated by phone the road was to be raised to the drainfield level. (after years of operation apparently this proved not to be a problem)

An Operations and maintenance manual was provided for operation of the system. Signs designating "Drainfield Area Do Not Enter" were called for in the manual to be posted at a minimum of 50 foot intervals along the perimeter of the drainfield.

A recent site inspection by personal from this office indicate no surfacing effluent from the drainfield. Surface water sample was negative for the presence of sewage.

In summary, the water system meets state of Washington standards for public water supplies and was designed to serve eighteen connections. Fire flow requirements of the local fire district was not addressed by this department.

The on-site sewage disposal system apparently has functioned well for a number of years. It is a complex system and should be maintained and operated according to the operation and maintenance manual.

Sincerely;

Don Miles

Don Miles RS
Dir. Environmental Health



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

SOUTHWEST DRINKING WATER OPERATIONS

2411 Pacific Ave. • P.O. Box 47823 • Olympia, Washington 98504-7823 • (206) 664-0768

June 14, 1993

Place Eighteen Homeowners Association
P.O. Box 11797
Bainbridge Island, Washington 98110

Subject: Place Eighteen Homeowners
Association, ID #169646
Kitsap County, Construction
Document Status

Dear Water System Owner:

The Southwest Drinking Water Operations office of the Department of Health is doing a routine review of all water system files for Group A water systems located in our region. Our files for this water system include engineering documents which indicate that the system is able to supply drinking water to 18 connections. This system's Water Facilities Inventory form indicates that there are currently 18 active connections. Based on the above information, this system is at capacity and considered to be adequate with regard to approved engineering documents. If your files do not agree with this status, please contact me at (206) 664-8944.

If you plan to add additional services to your system, engineering documents must be submitted to this office which demonstrate the system's ability to provide the additional water. These engineering documents must receive approval before construction begins or services are added. Our mailing address is:

Department of Health
Division of Drinking Water
Southwest Drinking Water Operations
P.O. Box 47823
Olympia, WA 98504-7823

Through a copy of this letter, the local health jurisdiction is being informed that your system's engineering documents are adequate for the system as it currently exists. Total compliance with the Department of Health Drinking Water



Place Eighteen Homeowners Association
June 14, 1993
Page Two

Regulations also requires proper water quality monitoring with acceptable results and proper operation and maintenance. Those items are not addressed in this letter and may affect overall compliance status of the system.

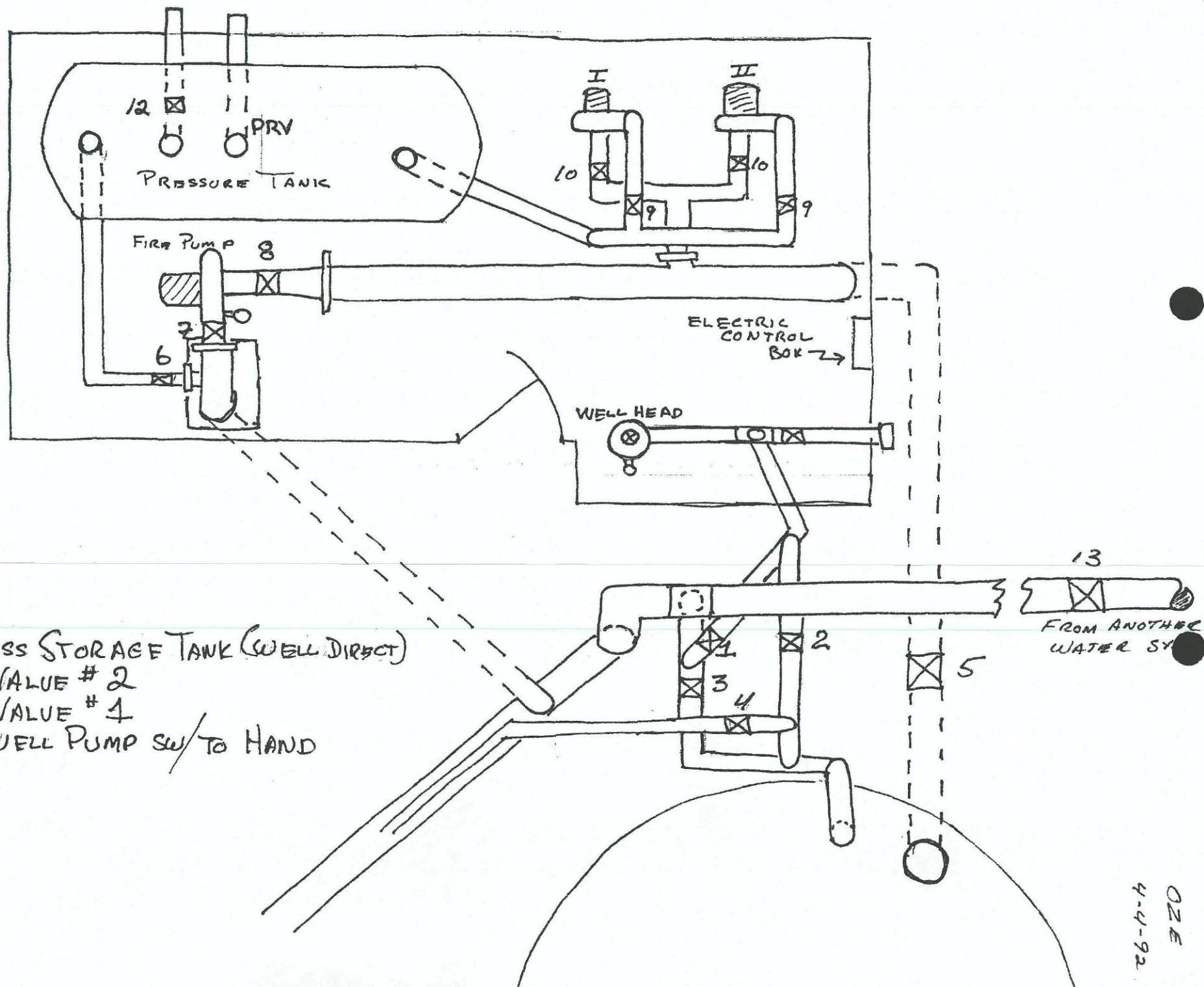
Sincerely,

A handwritten signature in black ink, appearing to read "Tim Blake", with a stylized flourish at the end.

Tim Blake
Compliance Program Manager
Southwest Drinking Water Operations

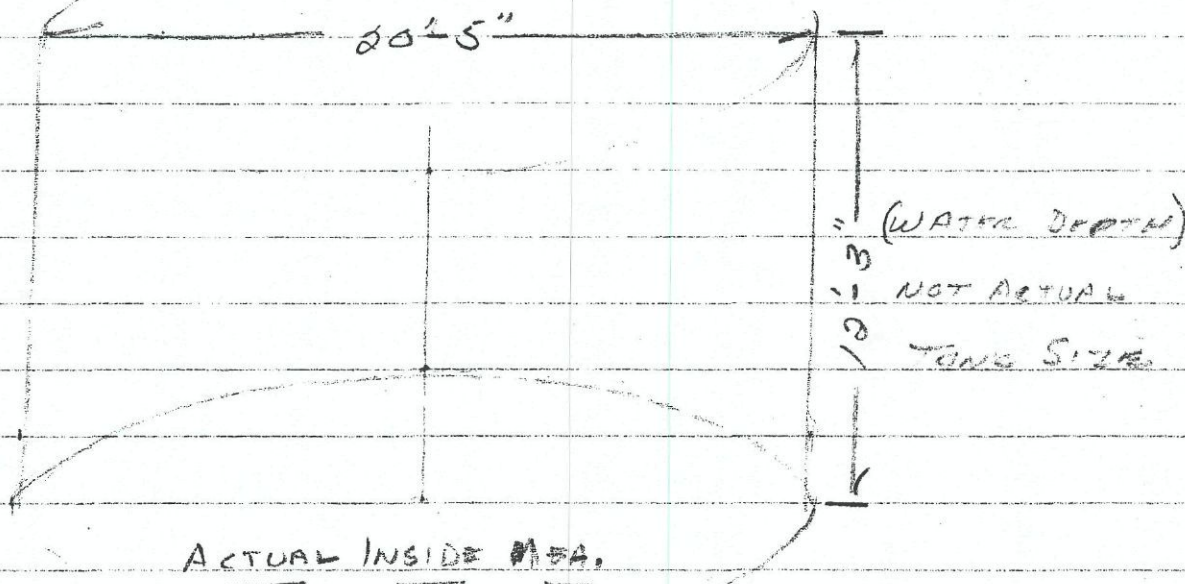
TB:clu

cc: Bremerton-Kitsap County Health District
Lisa Raysby, DOH



OZE
4-4-92

7/29/20 TANK MEASUREMENTS - (WATER)



$$VOL = \pi \times R^2 \times AT.$$

$$VOL = 3.1415 \times 105.06 \times 12.4 = 4092.65 \text{ CU. FT.}$$

4092.6 CUFT WATER

$$\times 7.5 = \text{GAL/CU. FT}$$

30,694.6 GAL/WATER

$$1 \text{ GAL WATER} = 8 \frac{1}{8} \text{ LBS} = 231 \text{ CU. IN.}$$

$$1 \text{ CU. FT.} = 7.5 \text{ GAL WATER} = 1728 \text{ CU. INS.} = 62.5 \text{ LBS}$$

255,787.5 LBS

$$\text{WEIGHT OF WATER} = \frac{4092.6 \text{ CU. FT.} \times 62.5 \text{ LBS}}{2000} = 127.87 \text{ TONS/WATER}$$

CHLORINATE WITH CALCIUM HYPOCHLORITE

SUGGESTED RATE FOR 30,000 GAL = 27.8 GAL/CLOROX OR 6.2# CRYSTAL

59 GAL TO 50 PPM / 1000 GAL - KILLS EVERYTHING - SEPTIC ETC

DO NOT RECOMMEND FOR TANKS

Address _____

Bearing and distance from section or subdivision corner

14 Sec T N. R. W.M.

(10) WELL LOG:

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of formation.

MATERIAL

FROM

TO

Casing installed: 8" Diam. from 0 ft. to 40 ft.
Threaded ☐ " Diam. from _____ ft. to _____ ft.
Welded ☐ " Diam. from _____ ft. to _____ ft.

Perforations: Yes ☐ No ☐

Type of perforator used

SIZE of perforations in. by in.

..... perforations from ft. to ft.

..... perforations from ft. to ft.

..... perforations from ft. to ft.

Screens: Yes ☐ No ☐

Manufacturer's Name

Type	Model No.		
Diam.	Slot size	from	ft to ft
Diam.	Slot size	from	ft to ft

Gravel packed: Yes ☐ No ☐ Size of gravel: _____
Gravel placed from _____ ft. to _____

Surface seal: Yes ☒ No ☐ To what depth?

Material used in seal

Did any strata contain unusable water? Yes ☐ No ☐

Type of water? _____ Depth of strata _____

Method of sealing strata off

PUMP: Manufacturer's Name _____
Type: _____ HP _____

WATER LEVELS: Land-surface elevation ft.
 above mean sea level ft.
 Static level ft. below top of well Date
 Artesian pressure lbs. per square inch Date
 Artesian water is controlled by
 (Cap. valve, etc.)

WELL TESTS:

Drawdown is amount water level is lowered below static level

a pump test made? Yes ☐ No ☐ If yes, by whom? _____
 d: _____ gal./min. with _____ ft. drawdown after _____ hrs.

every data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level
------	-------------	------	-------------	------	-------------

.....

Date of test

Test _____ gal/min. with _____ ft. drawdown after _____ hrs.
 Stand flow _____ gpm. @ _____ ft.

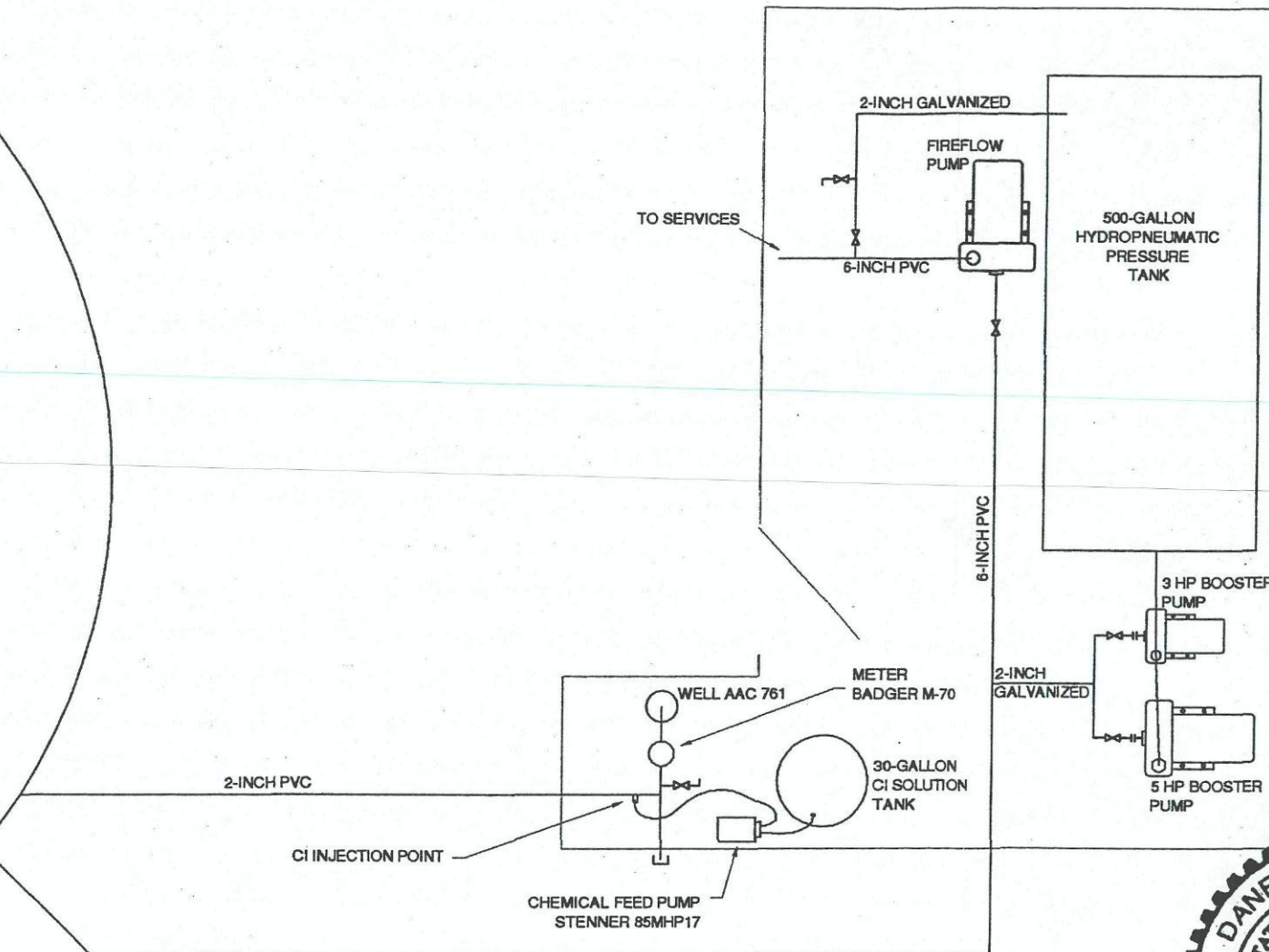
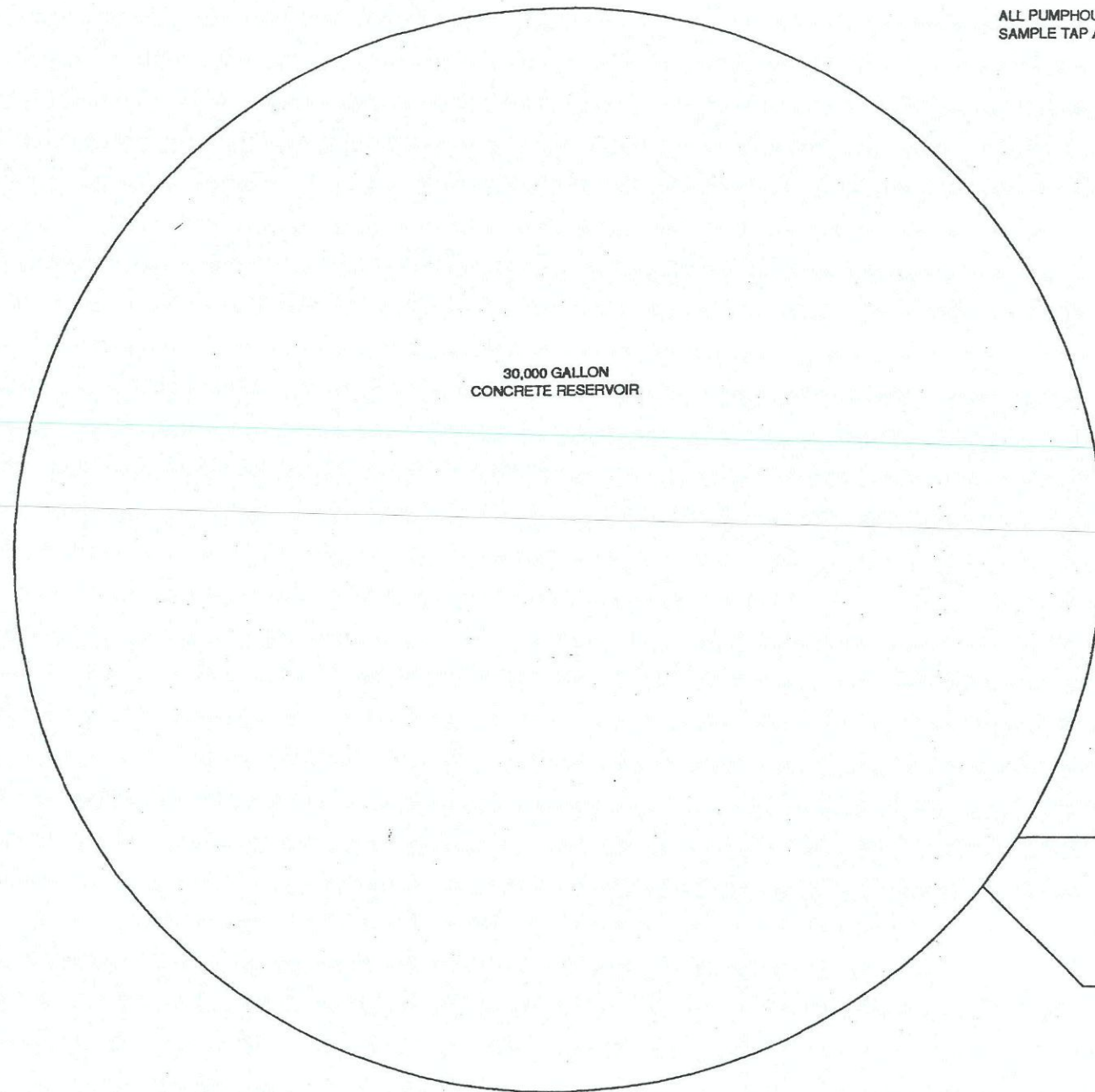
Temperature of water..... Was a chemical analysis made? Yes ☐ No ☐

WELL DRILLER'S STATEMENT.

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

PLACE 18 PUMPHOUSE AND RESERVOIR SCHEMATIC "AS-BUILT"

ALL PUMPHOUSE COMPONENTS ARE EXISTING EXCEPT RAW WATER
SAMPLE TAP AND SOURCE METER



- UNION
- GATE VALVE
- SAMPLE TAP / TANK DRAIN
- CHECK VALVE



EXPIRES 7/22/06

REVISION		SYSTEM	OWNER	
DESCRIPTION	DATE	PLACE 18	PLACE 18	
DRAWN BY:		FILE NO. 05042501	FILE NAME AS-BUILT HOUSE	SHEET NO.
CHECKED BY:		DATE APRIL 25, 2005	SCALE 1" = 3'	

Element 14 – Water Conservation Program

Attached is Page 4 of the Place 18 on Eagle Harbor Condominium Association Rules and Regulations. Article 25 describes our water conservation rule.

Additional conservation goals include:

- Distribution of DOH conservation brochures.
- Distribution of conservation oriented news articles.
- Increased monitoring and reduction of irrigation needs.
- Start recording monthly source meter data.

(20) Absentee Homeowners: Any homeowner vacating his/her property for a continuous period of thirty days or more shall designate a relative, friend, neighbor, associate or property manager to oversee the property and act in the homeowner's absence. The designee shall be furnished with a key to the unit. The designee shall, at a frequency of not less than once a month, inspect the owner's residence. Problems shall be brought to the owner's attention and/or Place Eighteen Board members as appropriate. Prior to departure the owner shall notify Place Eighteen Secretary (or management company) of his/her phone number, address and the name, address and contact information for the designee. The owner shall also assure that appropriate measures have been taken to safe guard the property such as turning off the master valve, winterizing, stopping newspaper, mail and deliveries, etc. If these steps are not taken, the Association cannot be held responsible for any damage incurred, including those normally covered by the Association, if the damage was avoidable by the absentee inspection, but failed to do so.

(21) Owners shall be responsible for all costs to correct collateral damage to common property that arises from a homeowner's failure to take timely action to repair or replace items of their own property.

(22) The Board will pursue action against any homeowner for non-payment of any assessment(s) per Section 12 of the CC&Rs. Prior to taking this action, the Homeowner will be asked to submit a written plan to the Board, outlining his/her proposal for payment of outstanding assessment. The Board will take the proposal under advisement and either accept or reject the proposal by the Homeowner. If the proposal is not acceptable to the Board, a letter will be sent to the Homeowner advising him/her of the action to be taken.

(23) The inspection of chimneys and any required cleaning will be scheduled by the Board. Chimney cleaning will be billed to the individual homeowner.

(24) The current owner will request that a resale certificate be completed by the Board of Directors. Payment must accompany the request. The Board designee will fill out the resale certificate, sign it, retain a copy for the Place 18 records and forward the original to the owner. On some occasions, a request will be made to fill out a "Condo Report" form also. That form will be filled out and processed as above. Both documents will be furnished by the owner. The following information should be sent to the owner with the resale certificate and condo report:

Amended and Restated Declaration (CC & R's).
Bylaws and Rules and Regulations (House Rules).
Current Month and Year End Balance Sheet and Profit and Loss Statement.
Current Years Budget and Property Manager's Contract.

If payment is not received with the request for the needed documents, the Boards designee has the responsibility to inform the owner that the documents will not be completed until payment is received. The Boards designee must also inform the Place 18 accountant when the above process is complete and forward the payment(s) to the accountant.

The fee for the preparation of the condo report is \$50.00. The fee for the preparation of the resale certificate and the other documents is \$100.00. (Paragraph 24 updated September 29, 2004)

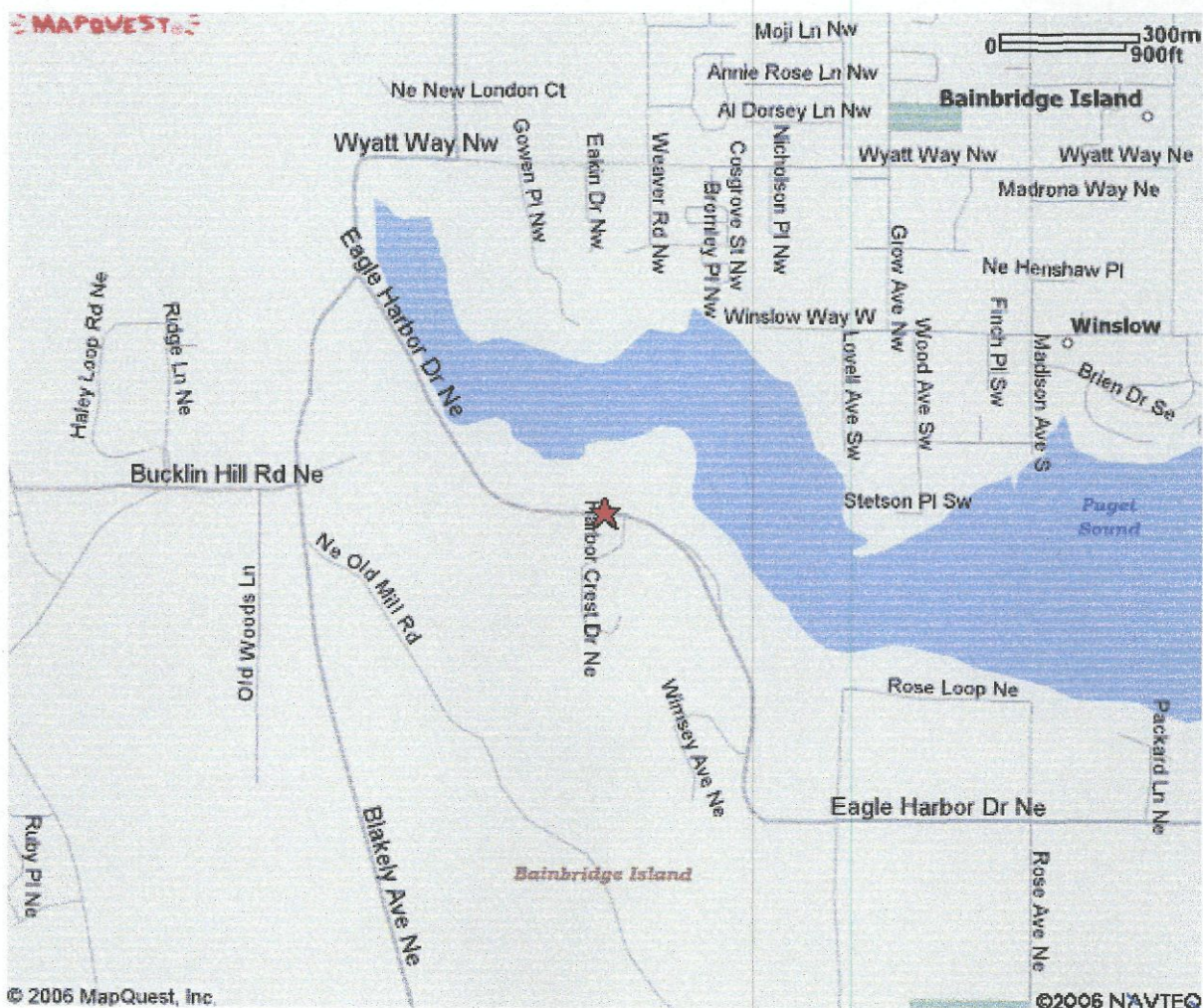
(25) The Association recognizes the importance of caring for our environment and making effective use of our resources in a sustainable manner, therefore the following water use rules have been adopted for all users of the Place 18 Water System:

- Water shall only be put to beneficial uses including cooking, bathing, recreation, washing, etc.
 - No spigot or other point of water use may be left running unattended.
 - All leaks and/or damaged water facilities shall be reported immediately and repaired in a timely manner.
 - All new and replacement fixtures shall meet local plumbing codes and low flow standards.
- (Paragraph 25 added November 9, 2004)

MAPQUEST

1819 Eagle Harbor Ln Ne
Bainbridge Island WA
98110-2142 US

Notes:



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This map is informational only. No representation is made or warranty given as to its content. User assumes all risk of use. MapQuest and its suppliers assume no responsibility for any loss or delay resulting from such use.

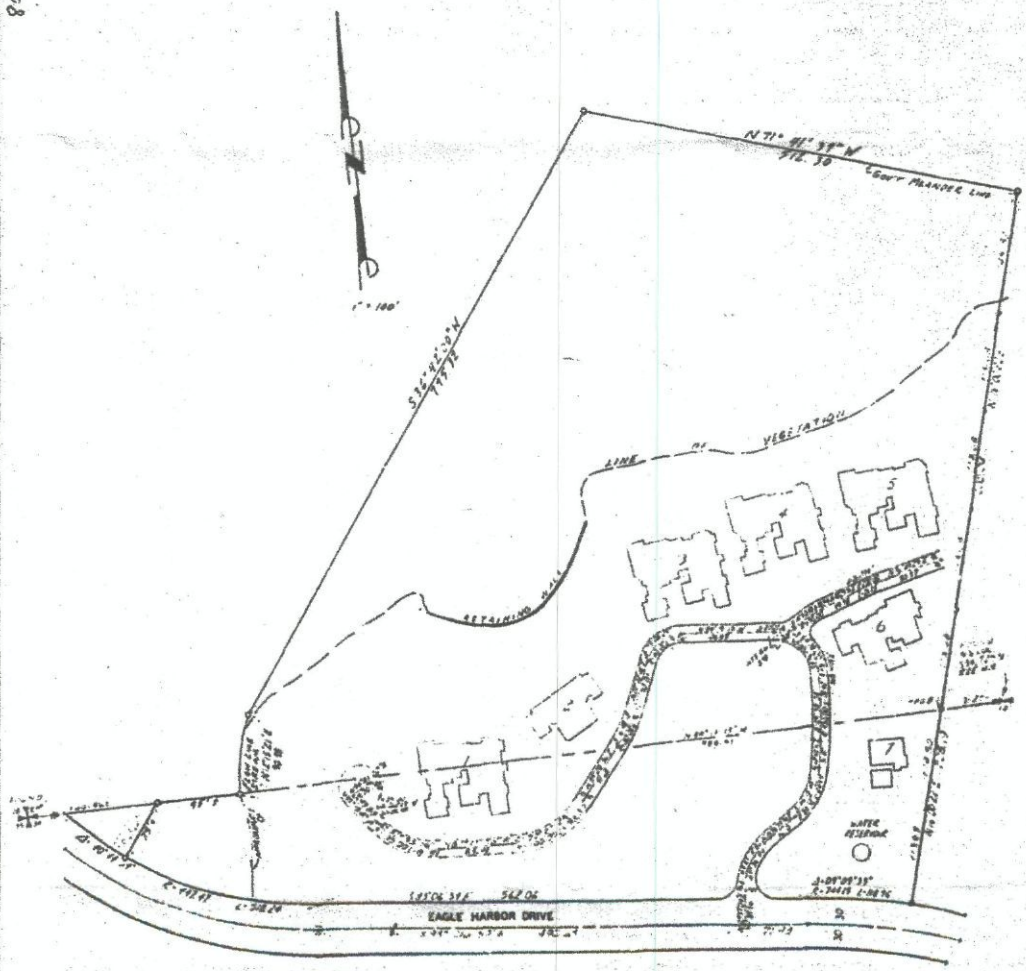
100' 100'

100' 100'

8004140132

EAGLE HARBOR LANE CONDO

SECTIONS 27 & 34, TOWNSHIP 25 NORTH, RANGE 2 EAST
KITSAP COUNTY, WASHINGTON
SURVEY MAP



LAND SURVEYOR'S CERTIFICATE

I hereby certify that this plat of Eagle Harbor Condominium is based upon an actual survey of the property herein described, that the courses and distances are shown correctly thereon, that the monuments are set upon the ground as shown and that I have fully complied with the provisions of the statutes governing condominiums.

Matthew C. MacLearnsberry
Matthew C. MacLearnsberry
P.E. & L.S.

Cert. No. 8425



NOTE: SEE SHEET 2 FOR BUILDING LOCATIONS.